

County: Outagamie
 COLONY OAKS CARE CENTER
 601 BRIARCLIFF DR

Facility ID: 3390

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APPLETON 54915 Phone:(920) 739-4466
 Operated from 1/1 To 12/31 Days of Operation: 366
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/04): 92
 Total Licensed Bed Capacity (12/31/04): 96
 Number of Residents on 12/31/04: 83

Ownership:
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 87

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		30.1
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		45.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4.8	More Than 4 Years		24.1
Day Services	No	Mental Illness (Org./Psy)	28.9	65 - 74	10.8			-----
Respite Care	No	Mental Illness (Other)	3.6	75 - 84	47.0			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	32.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.8	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.2		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	7.2		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	7.2	65 & Over	95.2	-----		
Transportation	No	Cerebrovascular	13.3		-----	RNs		14.7
Referral Service	No	Diabetes	6.0	Gender	%	LPNs		6.4
Other Services	No	Respiratory	3.6		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	28.9	Male	21.7	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	78.3			44.0
Provide Day Programming for			100.0		-----	-----		
Developmentally Disabled	No				100.0	-----		

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%		
Int. Skilled Care	0	0.0	0	6	10.2	138	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	6	7.2
Skilled Care	9	100.0	271	51	86.4	119	0	0.0	0	15	100.0	165	0	0.0	0	0	0.0	75	90.4
Intermediate	---	---	---	1	1.7	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	1.2
Limited Care	---	---	---	1	1.7	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	1.2
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	9	100.0		59	100.0		0	0.0		15	100.0		0	0.0		0	0.0	83	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	7.1	Bathing	12.0	62.7	25.3	83
Private Home/With Home Health	0.0	Dressing	13.3	67.5	19.3	83
Other Nursing Homes	3.0	Transferring	38.6	43.4	18.1	83
Acute Care Hospitals	87.9	Toilet Use	21.7	56.6	21.7	83
Psych. Hosp.-MR/DD Facilities	0.0	Eating	69.9	18.1	12.0	83
Rehabilitation Hospitals	0.0	*****				
Other Locations	2.0	Continence		%	Special Treatments	%
Total Number of Admissions	99	Indwelling Or External Catheter	2.4	Receiving Respiratory Care		13.3
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	59.0	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	30.4	Occ/Freq. Incontinent of Bowel	53.0	Receiving Suctioning		0.0
Private Home/With Home Health	2.9			Receiving Ostomy Care		1.2
Other Nursing Homes	4.9	Mobility		Receiving Tube Feeding		3.6
Acute Care Hospitals	21.6	Physically Restrained	3.6	Receiving Mechanically Altered Diets		20.5
Psych. Hosp.-MR/DD Facilities	0.0			Other Resident Characteristics		
Rehabilitation Hospitals	0.0	Skin Care		Have Advance Directives		100.0
Other Locations	6.9	With Pressure Sores	0.0	Medications		
Deaths	33.3	With Rashes	6.0	Receiving Psychoactive Drugs		56.6
Total Number of Discharges (Including Deaths)	102					

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.6	88.5	1.02	89.0	1.02	90.5	1.00	88.8	1.02
Current Residents from In-County	80.7	80.0	1.01	81.8	0.99	82.4	0.98	77.4	1.04
Admissions from In-County, Still Residing	20.2	17.8	1.13	19.0	1.06	20.0	1.01	19.4	1.04
Admissions/Average Daily Census	113.8	184.7	0.62	161.4	0.71	156.2	0.73	146.5	0.78
Discharges/Average Daily Census	117.2	188.6	0.62	163.4	0.72	158.4	0.74	148.0	0.79
Discharges To Private Residence/Average Daily Census	39.1	86.2	0.45	78.6	0.50	72.4	0.54	66.9	0.58
Residents Receiving Skilled Care	97.6	95.3	1.02	95.5	1.02	94.7	1.03	89.9	1.09
Residents Aged 65 and Older	95.2	92.4	1.03	93.7	1.02	91.8	1.04	87.9	1.08
Title 19 (Medicaid) Funded Residents	71.1	62.9	1.13	60.6	1.17	62.7	1.13	66.1	1.08
Private Pay Funded Residents	18.1	20.3	0.89	26.1	0.69	23.3	0.78	20.6	0.88
Developmentally Disabled Residents	0.0	0.9	0.00	1.0	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	32.5	31.7	1.03	34.4	0.95	37.3	0.87	33.6	0.97
General Medical Service Residents	28.9	21.2	1.37	22.5	1.28	20.4	1.42	21.1	1.37
Impaired ADL (Mean)	44.3	48.6	0.91	48.3	0.92	48.8	0.91	49.4	0.90
Psychological Problems	56.6	56.4	1.00	60.5	0.94	59.4	0.95	57.7	0.98
Nursing Care Required (Mean)	5.6	6.7	0.83	6.8	0.81	6.9	0.81	7.4	0.75